

**QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES**



REMINDER: File your DE 9 and DE 9C together.

00090112

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

QUARTER ENDED SEP. 30, 2016 DUE OCT. 1, 2016 DELINQUENT IF NOT POSTMARKED OR RECEIVED BY OCT. 31, 2016 YR 16 QTR 3

EMPLOYER ACCOUNT NO. 9 1 0 2 9 9 5 9

MONEY ON BOOKS  
829 W PALMDALE BLVD STE 80  
PALMDALE CA 93551-4261

**DO NOT ALTER THIS AREA**

DEPT. USE ONLY

P1 P2 C P U S A  
T  
EFFECTIVE DATE Mo. Day Yr.

FEIN [ ] A. NO WAGES PAID THIS QUARTER  B. OUT OF BUSINESS/NO EMPLOYEES

ADDITIONAL FEINS [ ] [ ] B1. OUT OF BUSINESS DATE M M D D Y Y Y Y [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

C. TOTAL SUBJECT WAGES PAID THIS QUARTER [ ]

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ 7000.00 per employee per calendar year)

(D1) UI Rate % [ 0.00 ] TIMES (D2) UI TAXABLE WAGES FOR THE QUARTER [ 0 0 0 0 0 0 0 0 ] = (D3) UI CONTRIBUTIONS [ 0 0 0 0 0 0 0 0 ]

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate % [ .0000 ] TIMES UI Taxable Wages for the Quarter (D2) [ ] = (E2) ETT CONTRIBUTIONS [ 0 0 0 0 0 0 0 0 ]

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ 106742.00 per employee per calendar year)

(F1) SDI Rate % [ 0.90 ] TIMES (F2) SDI TAXABLE WAGES FOR THE QUARTER [ ] = (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD [ ]

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD [ ]

H. SUBTOTAL (Add Items D3, E2, F3, and G) [ ]

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER (DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS) [ ]

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I) [ ]

If amount due, prepare a Payroll Tax Deposit (DE 88), include the correct payment quarter, and mail to: Employment Development Department, P.O. Box 826276, Sacramento, CA 94230-6276. **NOTE:** Do not mail payments along with the DE 9 and Quarterly Contribution Return and Report of Wages (Continuation) (DE 9C), as this may delay processing and result in erroneous penalty and interest charges. **Mandatory Electronic Funds Transfer (EFT)** filers must remit all SDI/PIT deposits by EFT to avoid a noncompliance penalty.

K. I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature Richard Cervantes Title CFO Phone (661) 331-2164 Date 11/26/16  
(Owner, Accountant, Preparer, etc.)





INSTRUCTIONS FOR COMPLETING THE  
**QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (DE 9)**

**PLEASE TYPE ALL INFORMATION**

Did you know you can file this form online using the EDD's e-Services for Business?

For a faster, easier, and more convenient method of reporting your DE 9 information, visit the EDD's website at [www.edd.ca.gov](http://www.edd.ca.gov). Contact the Taxpayer Assistance Center at (888) 745-3886 (voice) or TTY (800) 547-9565 (non-verbal) for additional forms or inquiries regarding reporting wages or the subject status of employees. Refer to the *California Employer's Guide* (DE 44) for additional information.

**If this form is not preprinted, please include your business name and address, State employer account number, the quarter ended date, and the year and quarter for which this form is being filed.**

**Verify/enter your Federal Employer Identification Number (FEIN):** The number should be the same as your federal account number. If the number is not correct, line it out and enter the correct number. If you have more than one FEIN relating to your State number, enter the additional FEINs in the boxes provided.

**ITEM A. No Wages Paid This Quarter** - You must file this return even though you had no payroll. If you had no payroll, check Item A and complete Item K. You must also complete a *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C) indicating no payroll for this quarter.

**ITEM B. Out of Business/No Employees** - Check this box if you are out of business (OB) or no longer have employees (NE) and this is your final return. You must complete B1 if you are out of business.

**NOTE: If you select the Line B Out of Business/No Employees and have No Payroll for the quarter, you must complete Item C and Item O on the DE 9C.**

**ITEM B1.** Enter the OB/NE date where indicated and complete Line K.

**NOTE: If you closed the business this quarter, you must file the DE 9 and DE 9C within ten days of closing the business to avoid any penalties.**

**ITEM C. Total Subject Wages Paid This Quarter** - Enter the total subject wages paid to all employees during the quarter.

**ITEM D. Unemployment Insurance (UI)**

**D1. UI Rate** - Enter the UI rate as a percentage if not already shown.

**D2. UI Taxable Wages** - Enter total UI taxable wages for the quarter. (Do not include exempt wages; refer to the *California Employer's Guide* [DE 44] for details.)

**D3. Employer's UI Contributions** - Multiply D1 by the amount entered in D2 and enter this calculated amount in D3.

**ITEM E. Employment Training Tax (ETT)**

**E1. ETT Rate** - Enter the ETT rate as a percentage if not already shown.

**E2. ETT** - Multiply E1 by the amount entered in D2 and enter this calculated amount in E2.

**ITEM F. State Disability Insurance (SDI)**

**F1. SDI Rate** - Enter the SDI rate as a percentage if not already shown (includes Paid Family Leave percentage).

**F2. SDI Taxable Wages** - Enter the total SDI taxable wages for the quarter. (Do not include exempt wages; refer to the *California Employer's Guide* [DE 44] for details.)

**F3. Multiply F1 by the amount entered in F2 and enter this calculated amount in F3.**

**ITEM G. California Personal Income Tax (PIT) Withheld** - Enter total California PIT withheld during the quarter.

**NOTE: If over \$350 in PIT is withheld, it may be necessary to deposit more frequently. For additional information, visit the EDD's website at [www.edd.ca.gov/Payroll\\_Taxes](http://www.edd.ca.gov/Payroll_Taxes).**

**ITEM H. Subtotal** - Add Items D3, E2, F3, and G; enter the amount in the SUBTOTAL box.

**ITEM I. Contributions and Withholdings Paid for the Quarter** - Total of all deposits of UI, ETT, SDI, and PIT paid for the quarter.

**NOTE: Do not include any payments made for prior quarters or for penalty and interest.**

**ITEM J. Total Taxes Due or Overpaid** - Item H minus Item I. If an amount is due, submit a *Payroll Tax Deposit* (DE 88) with your payment and mail to P.O. Box 826276, Sacramento, CA 94230-6276.

**NOTE: Mailing payments with the DE 9 form delays payment processing and may result in erroneous penalty and interest charges.**

**ITEM K. Signature of preparer or responsible individual, including title, telephone number, and signature date.**

**THIRD-PARTY SICK PAY**

**Employers and Payers of Third-Party Sick Pay:** Please refer to the *California Employer's Guide* (DE 44) for completing this form.

**INFORMATION**

**FILING THIS RETURN/REPORT** - California law requires employers to report all UI/SDI subject California wages paid and California PIT withheld during the quarter.

A PENALTY of 15% (10% for periods prior to 3rd quarter 2014) plus interest will be charged for underpayment of contributions and California PIT withheld per Section 1112(a) of the California Unemployment Insurance Code (CUIC). In addition, a penalty of 15% (10% for periods prior to 3rd quarter 2014) of the unpaid contributions and California PIT withheld will be charged for failure to file the return/report within 60 days of the due date pursuant to Section 1112.5 of the CUIC.









**INSTRUCTIONS FOR COMPLETING THE  
QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION) (DE 9C)**

**PLEASE TYPE ALL INFORMATION**

Did you know you can file this form online using the EDD's e-Services for Business?

For a faster, easier, and more convenient method of reporting your DE 9C information, visit the EDD website at [www.edd.ca.gov](http://www.edd.ca.gov). Contact the Taxpayer Assistance Center at 888-745-3886 (voice) or TTY 800-547-9565 (non-verbal) for additional forms or inquiries regarding reporting wages or the proper reporting status of employees. Refer to the *California Employer's Guide* (DE 44) for additional information.

Please record information in the spaces provided. If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. **Do not use dollar signs, dashes, commas, or slashes (\$ - , /).**

EMPLOYEE (FIRST NAME)	M.I. (LAST NAME)	TOTAL SUBJECT WAGES
IMOGENE	A SAMPLE	12345.67

If you must hand write this form, print each letter or number in a separate box as shown.

**Do not use dollar signs, dashes, commas, decimal points, or slashes (\$ - , . /).**

EMPLOYEE (FIRST NAME)	M.I. (LAST NAME)	TOTAL SUBJECT WAGES
I M O G E N E	A S A M P L E	1 2 3 4 5 6 7

Retain a copy of the DE 9C form(s) for your records. If you have more than seven employees, use additional pages or a format approved by the Employment Development Department (EDD). If using more than one page, number the pages consecutively at the top of the form. If the form is not preprinted, enter your account number, business name and address, the year and quarter, and the quarter ended date. For information, specifications, and approvals of alternate forms, contact the Alternate Forms Coordinator at 916-255-0649.

**ITEM A. EMPLOYEES** (page 1 only): Enter the number of full-time and part-time workers who worked during or received pay subject to Unemployment Insurance for the payroll period **which includes the 12th day of the month**. Please provide a count for **each** of the three months. **Blank fields will be identified as missing data.**

**ITEM B.** Check this box **ONLY** if the employees reported are covered by an employer sponsored Voluntary Plan for the payment of disability benefits. If you also have employees covered under the State Plan for disability benefits, report their wages and withholdings separately on another page of the DE 9C.

**WAGES AND WITHHOLDINGS TO REPORT ON A SEPARATE DE 9C**

Prepare a DE 9C to report the types of exemptions listed below. All three exemptions can be reported on one DE 9C. Write the exemption title(s) at the top of the form (e.g., SOLE SHAREHOLDER), and report only those individuals under these categories. **Report all other employees or individuals without exemptions on a separate DE 9C.**

- **Religious Exemption:** Employees who file and are approved by the EDD for an exemption from State Disability Insurance (SDI) taxes under Section 2902 of the California Unemployment Insurance Code (CUIC).
- **Sole Shareholder:** An individual who elects and is approved by the EDD to be excluded from SDI coverage for benefits and taxes under Section 637.1 of the CUIC.
- **Third-Party Sick Pay:** Recipients exempt from SDI taxes under Section 931.5 of the CUIC. Refer to the *Information Sheet: Third-Party Sick Pay* (DE 231R) for detailed instructions on how to report.

**ITEM C. NO PAYROLL:** Check this box if you had no payroll this quarter. Please sign and complete the information in Item O.

**ITEM D. SOCIAL SECURITY NUMBER (SSN):** Enter the SSN of each employee or individual to whom you paid wages in subject employment, paid Personal Income Tax (PIT) wages, and/or from whom you withheld PIT during the quarter. If someone does not have an SSN, report their name, wages, and/or withholdings without the SSN and TAKE IMMEDIATE STEPS TO SECURE ONE. Report the correct SSN to the EDD as soon as possible on a *Quarterly Contribution and Wage Adjustment Form* (DE 9ADJ).

**ITEM E. EMPLOYEE NAME:** Enter the name of each employee or individual to whom you paid wages in subject employment, paid PIT wages, and/or from whom you withheld PIT during the quarter.

**ITEM F. TOTAL SUBJECT WAGES:** Enter the total subject wages paid (including cents) to each employee during the quarter. Generally, most wages are considered "subject" wages. For special classes of employment and payments considered subject wages, refer to *Information Sheet: Types of Employment* (DE 231TE) and *Information Sheet: Types of Payments* (DE 231TP).

**ITEM G. PIT WAGES:** Enter the amount of wages paid (including cents) that are subject to PIT, even if you do not withhold PIT from the wages. You must enter PIT wages even if they are the same as total subject wages. For additional information regarding PIT wages, refer to the *Information Sheet: Personal Income Tax Wages Reported on the Quarterly Contribution Return and Report of Wages (Continuation) (DE 9C)* (DE 231PIT).

**ITEM H. PIT WITHHELD:** Enter the amount of PIT withheld from each individual during the quarter.

**ITEM I.** Enter the total subject wages paid (Item F) for **each** separate page. Do not carry this total forward from page to page.

**ITEM J.** Enter the total amount of PIT wages (Item G) for **each** separate page. Do not carry this total forward from page to page.

**ITEM K.** Enter the total PIT withheld (Item H) for **each** separate page. Do not carry this total forward from page to page.

**ITEM L.** ON PAGE 1 or the last page, enter the grand total of total subject wages paid (Item I) for all pages for the quarter.\*

**ITEM M.** ON PAGE 1 or the last page, enter the grand total of PIT wages (Item J) for all pages for the quarter.\*

**ITEM N.** ON PAGE 1 or the last page, enter the grand total of PIT withheld (Item K) for all pages for the quarter.\*

**\*NOTE: Provide separate grand totals for Voluntary Plan Disability Insurance reporting and special exemption reporting (Religious Exemption, Sole Shareholder, Third-Party Sick Pay).** Combine all other DE 9C pages to arrive at the grand totals for Items L, M, and N.

**ITEM O.** ON PAGE 1 ONLY, signature of preparer or responsible individual, including title, phone number, and signature date.